

National Training Center (NTC) Professional Enhancement Program (PEP)

## APPENDIX D - EVALUATION OF CREDIT PRIOR EXPERIENCE FORM

**Instructions:** To obtain credit for prior experience, this form <u>must</u> be filled out completely and all supporting documentation <u>must</u> be attached to this request. An evaluation will not be done on any incomplete requests. Complete one form for each request. Students must coordinate requests through their NTC site training point of contact (POC). This form and any supplied supporting documentation will not be returned regardless of the disposition of this request.

supporting documentation will in	of oe retained regulatess of the dispos	sition of time request.	
Student Name	Use	r ID	
Work Location	Stud	dent Telephone	
Student E-mail	Tra	ining POC	
POC Telephone	POO	C E-mail	
Course/Module Being Challeng	ged (Use one form for each course.)		
Number:			
Title:			
information on relevant training	aluation (Students must include Attac g or certifications. Fill in all blanks, for equivalency were taken within the	check all boxes, and mark o	all attachments as specified.)
	or's evaluation ( <u>clearly mark exact sec</u>	ctions that demonstrate comp	netency)
	(clearly mark past five years of expe		
	ites, and applicable class hours of rela		
Course Name	••	Course Completion Date	Applicable Class Hours
		Date	Hours
Attachment C: Certificates	of completion or transcripts for each	submitted course (Clearly m	nark all submitted courses on
transcripts.)			
	eriptions and/or syllabi (Clearly mark	exact topics/sections that de	monstrate competency)
<b>Additional Comments:</b>			
Reviewed and Validated By:			
	Student's supervisor		Date:
Reviewed By:			
	NTC site training point of contact	(POC)	Date:
Send the completed form and a	accompanying documentation via fax	. e-mail, or mail.	
Mailing Address:	NTC Registration Dept.	E-mail	registration@ntc.doe.gov
•	P.O. Box 18041, KAFB		
	Albuquerque, NM 87185-5400	Fax	(505) 845-4567